

SEPTEMBER 2006 MONTHLY REPORT

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN MONTHLY STATISTICS FOR MONTH END EXECUTIVE SUMMARY

	September 2006	March 2006
Bank Summary		
Checkwrite	\$7,705,064	\$7,744,851
Book Balance(US Bank & State General Account)	\$59,931,373	\$54,340,305
Enrollment		
Plan 1A	6,970	7,214
Plan 1B	10,311	10,296
Plan 2	997	1,357
Total	18,278	18,867
New Applications Received	367	534
Claims		
Claims Processed	93,098	116,249
Average Processing Days	3.96	4.00
Claim Inventory - Over 30 Days Old	116	246
Claim Inventory - Over 30 Days Old Claim Inventory - Total	3,456	3,935
Claims Denied(NonPBM)	5,503	8,165
Claims Denied(PBM)	17,091	15,980
Claim Accuracy Performance	99.9%	99.7%
Claim riod diady i differentiation	00.070	3070
Customer Service - HIRSP		
Number of Calls Received	9,572	13,146
Percentage of Calls Answered	99.10%	99.00%
Written Correspondence - Received	241	293
Written Correspondence - Completed	241	264
Written Correspondence - Inventory	21	46
Average Hold Time for Telephone Calls	0.20	0.24

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Wisconsin Health Insurance Risk-Sharing Plan Breakdown of Incurred Claims and Earned Premium by Quarter and Plan

		1 Q	0 5		
	Total D			Per M ember	
	In c u rre d	Earned	Loss	In c u rre d	Earned
P la n	C la im s	Pre miu m	Ratio	C la im s	Pre miu m
Plan 1A	21,354,334	\$10,781,000	198.1%	\$921.40	\$465.18
Plan 1B	12,138,512	11,235,000	108.0%	437.98	405.38
Plan 2	4,549,806	2,380,000	191.2%	892.29	466.76
Total	38,042,651	\$24,396,000	155.9%	\$679.45	\$435.72
		2 Q	0 5		
	Total D			Per M ember	
	In c u rre d	Earned	Loss	In c u rre d	Earned
P la n	C la im s	Pre miu m	Ratio	C la im s	Pre miu m
Plan 1A	21,357,824	\$10,918,770	195.6%	\$908.30	\$464.35
Plan 1B	12,999,783	10,810,698	1 2 0 . 2 %	456.74	379.83
Plan 2	5,070,024	2,144,285	236.4%	990.63	418.97
Total	39,427,631	\$23,873,753	165.2%	\$690.57	\$418.15
		3 Q	05		
	Total D			Per M ember	
	In c u rre d	Earned	Loss	In c u rre d	Earned
P la n	C la im s	Pre miu m	Ratio	C la im s	Pre miu m
Plan 1A	21,926,902	\$12,087,026	181.4%	\$945.61	\$521.26
Plan 1B	15,002,978	13,392,242	1 1 2 .0 %	522.10	466.04
Plan 2	5,066,581	2,760,043	183.6%	1,002.89	546.33
Total	41,996,461	\$28,239,310	1 4 8 . 7 %	\$737.09	\$495.64
		4 Q	0 5		
<u> </u>	Total D			Per M ember	
	In c u rre d	Earned	Loss	In c u rre d	Earned
P la n	C la im s	Pre miu m	Ratio	C la im s	Pre miu m
Plan 1A	25,498,268	\$12,075,692	2 1 1 . 2 %	\$1,113.02	\$527.12
Plan 1B	17,482,197	13,565,749	1 2 8 . 9 %	603.98	468.67
Plan 2	5,008,562	2,698,872	185.6%	1,051.78	566.75
Total	47,989,026	\$28,340,313	169.3%	\$847.62	\$500.57
		1 Q	0 6		
<u> </u>	T o tal D			Per M ember	
	In c u rre d	Earned	Loss	In c u rre d	Earned
P la n	C la im s	Pre miu m	Ratio	C la im s	Pre miu m
Plan 1A	22,909,215	\$11,152,584	205.4%	\$1,061.25	\$516.63
Plan 1B	15,020,963	14,260,163	105.3%	490.62	465.77
Plan 2	4,092,885	2,324,418	176.1%	973.57	552.91
Total	42,023,063	\$27,737,165	151.5%	\$745.00	\$491.73
		2 Q	0 6		
		11		Per Member	Per Month
	Total D				
_	In c u rre d	Earned	Loss	In c u rre d	Earned
P la n	In c u rre d C la im s	Earned Premium	Ratio	In c u rre d C la im s	Earned Premium
Plan 1A	In c u rre d C la im s 23,460,407	Earned Premium \$11,064,423	R a tio 2 1 2 .0 %	In c u rre d C la im s \$1,095.41	Earned Premium \$516.62
Plan 1A Plan 1B	In c u rre d C la im s	Earned Premium \$11,064,423 14,364,077	Ratio	In c u rre d C la im s \$1,095.41 559.15	E a r n e d P r e m i u m \$ 5 1 6 . 6 2 4 6 3 . 5 4
Plan 1A	In c u rre d C la im s 23,460,407	Earned Premium \$11,064,423	R a tio 2 1 2 .0 %	In c u rre d C la im s \$1,095.41	Earned Premium \$516.62

NOTES: Loss Ratio = Incurred Claims / Earned Premiums

Earned Premium includes Premium Subsidies

Incurred Claims include Provider Contributions

A dm in istrative Expenses are not included in this exhibit

Incurred Claims and Earned Premiums are updated quarterly and restated to reflect

the most current information available as of September 30, 2006

Health Insurance Risk Sharing Plan Authority September 30, 2006 Fiscal Year 2007

Unaudited Balance Sheet

Assets	July	August	September	October	November	December	January	February	March	April	May	June
Cash and Cash Equivalents	52,535,676	52,187,787	59,931,373	_	_	_	_	_	_	_	_	
Other Receivables	1,003,739	886,944	1,163,203	_	_	_	_	_	_	_	_	
Drug Rebates Receivable	1,797,384	1,680,782	2,492,174	_	_	_		_	_	_	_	
Assessments Receivable	39,566,370	29,739,007	24,746,526	_	_	_	_	_		_		
Prepaid Items	303	1,817	22,008	•	_	-	-	-	-	-	-	
Net Fixed Assets	2,202	4,208	5,145	•		-	-	-	•	•		
-				-		•		-	•	-		
Total Assets	94,905,674	84,500,545	88,360,429	•	•	•	•	•	•	•	•	
Liabilities and Fund Equity												
Liabilities:												
Unpaid Medical Loss Liabilities	15,271,032	12,302,689	13,167,955	-	-	-	-	-	-	-	-	
Unpaid Prescription Drug Loss Liabilities	658,948	530,839	749,131	-	-	-		-	-			
Unpaid Loss Adjustment Expense	770,000	770,000	770,000	-	-	-		-	-			
Unearned Premiums	14,283,275	8,605,614	13,862,680	-	-	-	-	-	-	-		
Unearned Assessments	36,272,126	32,974,660	29,677,194		-	-	-	-	-	-	-	
Accounts Payable and Other Accrued Liabilities	2,264,099	2,318,386	2,184,797	-	-	-	-	-	-	-		
Total Liabilities	69,519,480	57,502,188	60,411,757	•		•		•	•		-	
Fund Equity:												
Policyholder	20,926,858	22,739,986	23,657,034				-	-	-			
Providers	(1,914,253)	(2,496,539)	(2,583,121)		-	-	-	-	-	-		
Insurers	6,457,811	6,947,199	7,153,839	•	-	-		-	-	-	•	
Unfunded Deductible and Coinsurance Subsidy	(84,222)	(192,289)	(279,080)					-	-			
Total Retained Earnings	25,386,194	26,998,357	27,948,672			-			•			
Total Liabilities and Fund Equity	94,905,674	84,500,545	88,360,429									

Health Insurance Risk Sharing Plan Authority for the Period Ended September 30, 2006 Fiscal Year 2007

			Unaudited Sta	tement of Re	venues, Expe	nses, and Chai	nges in Retain	ed Earnings					
Operating Revenues	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
Gross Premiums	9,085,833	9,328,105	9,335,594	_	_	-	-	_	_	-	-	_	27,749,532
Premium Subsidized	(426, 469)	(426,061)	(424,638)	-	_	-	-	-	-	-	-	-	(1,277,168)
Net Premium Revenues	8,659,364	8,902,044	8,910,956	-	-	-	-	-	-	-	-	-	26,472,364
Provider Contribution	2,839,150	2,225,792	3,004,245	-	-	-	-	-	-	-	-	-	8,069,187
Insurer Assessments	3,297,466	3,297,466	3,297,466	-	-	-	-	-	-	-	-	-	9,892,398
Total Operating Revenues	14,795,980	14,425,302	15,212,667	-							-		44,433,949
Operating Expenses													
Medical Losses:													
Losses Paid or Approved for Payment	7,859,468	13,117,708	10,037,183	-	-	-	-	-	-	-	-	-	31,014,359
Increase (Decrease) in Unpaid Losses	1,601,955	(4,033,978)	1,149,939	-	-	-	-	-	-	-	-	-	(1,282,084)
Deductible Subsidy Paid Total Medical Losses	48,747 9,510,170	65,582 9,149,312	42,353 11,229,475		-		-	-				-	156,682 29,888,957
Pharmacy Losses: Losses Paid or Approved for Payment	3,239,102	3,713,167	3,397,385	_	_	_	_	_	_	_	_	_	10,349,654
Increase (Decrease) in Unpaid Losses	101,525	(128,109)	218,292										191,708
Drug Rebates	(205,575)	(218,012)	(951,667)	_	_	_	_	_	_	_	_	_	(1,375,254)
Subsidy - Coinsurance Out-of-Pocket Max	35.475	42,485	44,438	_	_	_	_	_	_	_	_	_	122,398
Total Pharmacy Losses	3,170,527	3,409,531	2,708,448	-	-	-	-	-	-	-	-	-	9,288,506
Total Losses	12,680,697	12,558,843	13,937,923	-	-	-	-	-	_	-	-	-	39,177,463
Loss adjustment expenses	_	_	_	_	_	_	_	_	_	_	_	_	_
Administrative expenses													
Authority Admin Fees	22,425	45,025	28,343	-	-	-	-	-	-	-	-	-	95,793
WPS Admin Fees	378,515	315,560	382,043	-	-	-	-	-	-	-	-	-	1,076,118
Navitus Admin Fees	102,405	100,590	100,529	-	-	-	-	-	-	-	-	-	303,524
Milliman USA Actuarial Services	5,000	10,550	10,118 1,939	-	-	-	-	-	-	-	-	-	25,668 3,193
Other Admin Fees	3,061	(1,807)		-	-	-	-	-	-	-	-	-	
DHFS Admin Fees	1,116	460.048	20,391 543,363			-	-	-	-	-		-	21,507 1,525,803
Total Administrative Expenses	512,522	469,918	343,303	-	-	-	-	-	_	-	-	_	1,323,803
Referral fees	5,570	3,810	4,550	-	-	-	-	-	-	-	-	-	13,930
Total Operating Expenses	13,198,789	13,032,571	14,485,836	-	-	-	-	-	_	-	-	-	40,717,196
Net Operating Income (Loss)	1,597,191	1,392,731	726,831	-	-	-	-	-	-	-	-	-	3,716,753
Non-Operating Revenues (Expenses)													
Federal Grant	-		.	-	-	-	-	-	-	-	-	-	-
Investment Income Miscellaneous Income	231,598	219,432	223,484	_	-	-	-	_	_	-	-	_	674,514
Total Non-operating Revenues (Expenses)	231,598	219,432	223,484		-	-	-	-		-	-	_	674,514
Net Income (Loss)	1,828,789	1,612,163	950,315	_	_	_	_	_	_	_	-	_	4,391,267
(2000)		.,,											-,,
Additions to Retained Earnings													
Policyholder	40 400 504	00 000 050	00 700 000										10 100 501
Retained Earnings, Beginning of Period Unfunded Policyholder Subsidies	19,486,584	20,926,858	22,739,986	-	-	-		-	-	-	-	-	19,486,584
Current Earnings	1,440,274	1,813,128	917,048	_	_	_	_	_	_	_	_	_	4,170,450
Retained Earnings, End of Period	20,926,858	22,739,986	23,657,034	-	-	-	-	-	-	-	-	-	23,657,034
Providers	(4.004.463)	(4.04.4.353)	(2.406.520)										(4.004.463)
Retained Earnings, Beginning of Period	(1,921,463)	(1,914,253)	(2,496,539)	-	-	-	-	-	-	-	-	-	(1,921,463)
Premium Subsidy Underpayment Adj. Current Earnings	7,210	(582,286)	(86,582)										(661,658)
Retained Earnings, End of Period	(1,914,253)	(2,496,539)	(2,583,121)	-	-	-	-	-	-	-	-	-	(2,583,121)
Insurers Retained Earnings, Beginning of Period	5,992,284	6,457,811	6,947,199	_	_	_	_	_	_	_	_	_	5,992,284
Premium Subsidy Underpayment Adj.	5,592,204	0,407,011 -	0,547,199		-	-	-		-	-	-	_	5,992,284
Current Earnings	465,527	489,388	206,640	-	_	-	-	_	-	_	_	_	1,161,555
Retained Earnings, End of Period	6,457,811	6,947,199	7,153,839	-	-	-	-	-	-	-	-	-	7,153,839
Unfunded Deductible and Coinsurance Subs	sidu												
Retained Earnings, Beginning of Period	siuy	(84,222)	(192,289)										
Current Earnings	(84,222)	(108,067)	(86,791)		_	-	-	-	-	-	-	-	(279,080)
Retained Earnings, End of Period	(84,222)	(192,289)	(279,080)	-	-	-	-	-	-	-	-	-	(279,080)
_													
Total Retained Earnings	25,386,194	26,998,357	27,948,672	-		-	-	-	-	-	-	-	27,948,672

Health Insurance Risk Sharing Plan Authority Comparison of Current vs. Prior Month and Current Fiscal Year-to-Date Vs. Prior Fiscal Year-to-Date Unaudited Statement of Revenues, Expenses, and Changes in Retained Earnings Fiscal Year 2007

		Fiscal Year	2007			
Operating Revenues	Sep 2006	Aug 2006	Variance	Fiscal Year-to-Date Through Sep 2006	Fiscal Year-to-Date Through Sep 2005	Variance
Gross Premiums	9,335,594	9,328,105	7,489	27,749,532	28,239,310	(489,778)
Premium Subsidized	(424,638)	(426,061)	1,423	(1,277,168)	(1,247,218)	(29,950)
Net Premium Revenues	8,910,956	8,902,044	8,912	26,472,364	26,992,092	(519,728)
Provider Contribution	3,004,245	2,225,792	778,453	8,069,187	8,074,754	(5,567)
Insurer Assessments	3,297,466	3,297,466	-	9,892,398	9,719,772	172,626
Total Operating Revenues	15,212,667	14,425,302	787,365	44,433,949	44,786,618	(352,669)
Operating Expenses Medical Losses: Losses Paid or Approved for Payment Increase (Decrease) in Unpaid Losses	10,037,183 1,149,939	13,117,708 (4,033,978)	3,080,525 (5,183,917)	31,014,359 (1,282,084)	32,032,974 604,622	1,018,615 1,886,706
Deductible Subsidy Paid	42,353	65,582	23,229	156,682	151,907	(4,775)
Total Medical Losses	11,229,475	9,149,312	(2,080,163)	29,888,957	32,789,503	2,900,546
Pharmacy Losses: Losses Paid or Approved for Payment Increase (Decrease) in Unpaid Losses Drug Rebates Subsidy - Coinsurance Out-of-Pocket Max Total Pharmacy Losses	3,397,385 218,292 (951,667) 44,438 2,708,448	3,713,167 (128,109) (218,012) 42,485 3,409,531	315,782 (346,401) 733,655 (1,953) 701,083	10,349,654 191,708 (1,375,254) 122,398 9,288,506	11,895,743 (296,774) (724,079) 120,678 10,995,568	1,546,089 (488,482) 651,175 (1,720) 1,707,062
Total Losses	13,937,923	12,558,843	(1,379,080)	39,177,463	43,785,071	4,607,608
Loss adjustment expenses	-	-	-	-	-	-
Administrative expenses						
Authority Admin Fees WPS Admin Fees Navitus Admin Fees Milliman USA Actuarial Services Other Admin Fees And Expenses DHFS Admin Fees	28,343 382,043 100,529 10,118 1,939 20,391	45,025 315,560 100,590 10,550 (1,807)	16,682 (66,483) 61 432 (3,746) (20,391)	95,793 1,076,118 303,524 25,668 3,193 21,507	1,206,572 319,171 41,164 8,000 94,916	(95,793) 130,454 15,647 15,496 4,807 73,409
EDS Admin Fees		<u> </u>	<u>-</u>		<u>-</u>	
Total Administrative Expenses	543,363	469,918	(73,445)	1,525,803	1,669,823	144,020
Referral fees	4,550	3,810	(740)	13,930	20,125	6,195
Total Operating Expenses	14,485,836	13,032,571	(1,453,265)	40,717,196	45,475,019	4,757,823
Net Operating Income (Loss)	726,831	1,392,731	(665,900)	3,716,753	(688,401)	4,405,154
Non-Operating Revenues (Expenses) Federal Grant Investment Income	- 223,484	- 219,432	- 4,052	- 674,514	- 358,670	- 315,844
Miscellaneous Income Total Non-operating Revenues (Expenses)	223,484	- 219,432	4,052	674,514	- 358,670	315,844
Net Income (Loss)	950,315	1,612,163	(661,848)	4,391,267	(329,731)	4,720,998
				<u></u>		

Health Insurance Risk Sharing Plan Authority Fiscal Year 2007 Interim Reconciliation As of September 30, 2006

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
1. Operating and Administrative Costs under s.149.143(1)													
Medical Losses Paid or Approved for Payment	7,859,468	13,117,708	10,037,183	-	-	-	-	-	-	-	-	-	31,014,359
Increase (Decrease) in Unpaid Medical Losses	1,601,955	(4,033,978)	1,149,939	-	-	-	-	-	-	-	-	-	(1,282,084)
Pharmacy Losses Paid or Approved for Payment	3,239,102	3,713,167	3,397,385	-	-	-	-	-	-	-	-	-	10,349,654
Increase (Decrease) in Unpaid Pharmacy Losses	101,525	(128,109)	218,292	-	-	-	-	-	-	-	-	-	191,708
Drug Rebates	(205,575)	(218,012)	(951,667)	-	-	-	-	-	-	-	-	-	(1,375,254)
Total Administrative Expenses	518,092	473,728	547,913	-	-	-	-	-	-	-	-	-	1,539,733
Loss Adjustment Expense		-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expense	13,114,567	12,924,504	14,399,045	-	-	-	-	-	-	-	-	-	40,438,116
2. Adjustments to Operating and Administrative Costs													
Total Non-operating Revenue (Expense)	231,598	219,432	223,484	-	-	-	-	-	-	-	-	-	674,514
3. Total Fiscal Year Program Costs to be Split 60% 20% 20%	12,882,969	12,705,072	14,175,561	-	-	-	-	-	-	-	-	-	39,763,602
4. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Exclu	ıding Subsid	/ Costs)											
Funding Shares													
60% Policyholders	7,729,781	7,623,044	8,505,337	-	-	-	-	-	-	-	-	-	23,858,162
20% Providers	2,576,594	2,541,014	2,835,112	-	-	-	-	-	-	-	-	-	7,952,720
20% Insurers	2,576,594	2,541,014	2,835,112	-	-	-	-	-	-	-	-	-	7,952,720
5. Subsidy Funding Shares													
Premium subsidies	426,469	426,061	424,638	-	-	-	-	-	-	-	-	-	1,277,168
Deductible Subsidies	48,747	65,582	42,353	-	-	-	-	-	-	-	-	-	156,682
Subsidy - coinsurance out-of-pocket Max	35,475	42,485	44,438	-	-	-	-	-	-	-	-	-	122,398
Total Subsidies	510,691	534,128	511,429	-	-	-	-	-	-	-	-	-	1,556,248
Subsidy Funding Needed by Source in addition to Section 3 Funding	g Shares												
Providers	255,346	267,064	255,715	-	-	-	-	-	-	-	-	-	778,125
Insurers	255,345	267,064	255,714	-	-	-	-	-	-	-	-	-	778,123
6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Inclu	ding Subsidy	Costs)											
Policyholders	7,729,781	7,623,044	8,505,337	-	-	-	-	-	-	-	-	-	23,858,162
Providers	2,831,940	2,808,078	3,090,827	-	-	-	-	-	-	-	-	-	8,730,845
Insurers	2,831,939	2,808,078	3,090,826	-	-	-	-	-	-	-	-	-	8,730,843
7. Non-GPR Revenues by Source Including GPR Subsidies Under	· s.20.435(4)(a	h)											
Policyholders		•											
Premium	8,659,364	8,902,044	8,910,956	-	-	-	-	-	-	-	-	-	26,472,364
Premium and Deductible Subsidies Credited to Policyholders	510,691	534,128	511,429	-	-	<u> </u>	-	-	-	-	<u> </u>		1,556,248
Subtotal	9,170,055	9,436,172	9,422,385	-	-	-	-	-	-	-	-	-	28,028,612
Providers	2,839,150	2,225,792	3,004,245	_	_	_	_	_	_	_	_	_	8,069,187
Insurers	3,297,466	3,297,466	3,297,466		-	-	-	-	-	-	-	-	9,892,398
Total	15,306,671	14,959,430	15,724,096										45,990,197
i Oldi	10,000,011	17,505,750	10,127,000	=	=	=	=	=	-	=	=	-	70,000,107

8. Interim Estimate of Surplus/(Deficit) Account Balance for FY 2007 Policyholders Prior Period Surplus / (Deficit) 19.486.584 20,926,858 22,739,986 19,486,584 Premium (Including Premium and Deductible Subsidies) 9.170.055 9.436.172 9.422.385 28.028.612 Less Cost 7,729,781 7,623,044 8,505,337 23,858,162 Less Unfunded Policyholder Subsidies Monthly Change 1,440,274 1,813,128 917,048 4,170,450 22.739.986 23,657,034 Ending Surplus / (Deficit) 20.926.858 23.657.034 Assigned Surplus to SFY 2006 **Unassigned Surplus** 20.926.858 22.739.986 23.657.034 23.657.034 Providers Prior Period Surplus / (Deficit) (1,921,463)(1,914,253) (2.496.539)(1.921,463)Contribution 2.839.150 2.225.792 3.004.245 8.069.187 Less Cost 2,831,940 2,808,078 3,090,827 8,730,845 Premium Subsidy Underpayment Adj. Monthly Change (582,286) (86,582) (661,658) Ending Surplus / (Deficit) (1.914,253)(2,496,539)(2.583,121)(2.583,121)Insurers Prior Period Surplus / (Deficit) 5.992.284 6.457.811 6.947.199 5.992.284 Assessment 3.297.466 3,297,466 3,297,466 9,892,398 Less Cost 2,831,939 2,808,078 3,090,826 8,730,843 Premium Subsidy Underpayment Adj. Monthly Change 465,527 489,388 206,640 1,161,555 Ending Surplus / (Deficit) 6.457.811 6.947.199 7.153.839 7.153.839 Unfunded Deductible and Coinsurance Subsidy Prior Period Surplus / (Deficit) (84,222)(192,289)Monthly Change (84.222)(108.067) (86.791) 729.042 Ending Surplus / (Deficit) (84,222)(192,289)(279,080)729,042 Total HIRSP Retained Earnings 25,386,194 26,998,357 27,948,672 28,956,794

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN MONTHLY PROVIDER CONTRIBUTION REPORT AS OF SEPTEMBER 2006 MONTH END (9/27/2006)

Provider Share Calculation for the Cu	ırrent Month - Cla	ims by Claim T	уре		
Regular Claims				Less HIRSP	
		U&C	Usual and	Allowed	Provider
Claim Type	Billed Charges	Percentage	Customary	Charges	Share
Professional	\$ 6,275,865.15	28.5%	\$ 4,487,243.58	\$ 2,756,327.63	\$1,730,915.95
Hospital Outpatient	\$ 3,845,883.62	28.5%	\$ 2,749,806.79	\$ 2,501,025.81	\$ 248,780.98
Hospital Inpatient	\$ 5,027,719.30	28.5%	\$ 3,594,819.30	\$ 2,926,192.02	\$ 668,627.28
Nursing Home	\$ 1,557.60	28.5%	\$ 1,113.68	\$ 1,032.00	\$ 81.68
Other	\$ 551,700.11	28.5%	\$ 394,465.58	\$ 308,289.13	\$ 86,176.45
Total	\$ 15,702,725.78		\$11,227,448.93	\$ 8,492,866.59	\$ 2,734,582.34
	•		•	•	•
Crossover Claims	Medicare			HIRSP	
	Allowed	Medicare	HIRSP	Deductible/	Provider
Claim Type	Charges	Paid	Paid	Coinsurance	Share
Professional	\$ 407,703.36	\$ 309,422.51	\$ 102,559.82	\$ 11,683.52	\$ (15,962.49)
Hospital Outpatient	\$ 444,669.09	\$ 333,949.65		\$ 5,397.97	\$ (3,890.89)
Hospital Inpatient	\$ 842,254.84	\$ 762,486.06	\$ 79,670.78	\$ 298.61	\$ (200.61)
Nursing Home	\$ 14,053.77	\$ 7,959.53	\$ 6,094.24	\$ -	\$ 0.00
Other	\$ 84,067.05	\$ 54,496.44	\$ 22,930.98	\$ 1,596.43	\$ 5,043.20
Total	\$ 1,792,748.11	\$ 1,468,314.19	\$ 320,468.18	\$ 18,976.53	\$ (15,010.79)
Provider Contribution on the Increase(Decrease) in Unpaid Losses					\$ 284,673.00
Total Provider Contribution Non-Pharmacy					\$ 3,004,244.55
(a	1		ı		1
Pharmacy Claims				Less HIRSP	
		U&C	Usual and	Allowed	Provider
Claim Type	Billed Charges	Percentage	Customary	Charges	Share
Prescription Drug	\$ -	0.0%			\$ -
not processed by PBM		_	•	•	
Prescription Drug	\$ 5,629,900.31	0.0%	\$ 3,803,133.06	\$ 3,803,133.06	\$ -
processed by PBM					
Total Provider Contribution Pharmacy	\$ 5,629,900.31		\$ 3,803,133.06	\$ 3,803,133.06	\$ -

Monthly Applicant Activity For September 2006

135	
367	
15	
67	
120	
300	
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2	
0	
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1	
1	
1	
15	
6	
61	
67	
_	367 15 67 120 300 6 1 3 2 0 0 0 1 1 1 1 15

Monthly Applicant Activity September 2006

A.	Me	dicare Eligible	2
B.	HIV	/ +	5
C.	Elig	gible Individual	151
D.	-	ter of Medical Eligibility	142
		Letter of Rejection By:	
	1.	American Family	18
		American Medical Security Group	7
		American National Life Insurance Company of	1
		American Republic	3
		Assurant Health	31
		Atrium Health Plan	2
		Blue Cross & Blue Shield United of Wisconsin	70
		Celtic Life Insurance Company	3
		Central Reserve Life Insurance	1
		Continental General Insurance Company	3
		Dean Health Plan	3
		Golden Rule Insurance Company	23
		Group Health Cooperative	1
		Humana Insurance Company	37
		Mid-West National Life Insurance Company of	3
		Pekin Life Insurance	4
		Physicians Plus Insurance	3
		Security Health Plan	10
		State Farm Mutual Auto Insurance	1
		United HealthCare Insurance	1
		Valley Health Plan	1
		Wisconsin Physicians Service Insurance	45
		World Insurance	2
	2.	Notice of Benefit Reduction	11
	3.	Notice of Premium increase due to a Health Reason	0

Total 300

			Resta	ed Monthly En	rollm	ent Throug	h Septem	ber 2006 N	Month End				
	Total Subsidy				Total Non-Subsidy						Combined	Total	
	Plan 1A	Plan 2	Total	Plai	n 1A	Plan 1B	Plan 2	Total		Plan 1A	Plan 1B	Plan 2	Total
October-05	2,793	686	3,479		4,843	9,592	927	15,362		7,636	9,592	1,613	18,841
November-05	2,795	678	3,473		4,840	9,648	907	15,395		7,635	9,648	1,585	18,868
December-05	2,813	670	3,483		4,825	9,705	894	15,424		7,638	9,705	1,564	18,907
January-06	2,817	634	3,451		4,368	10,126	812	15,306		7,185	10,126	1,446	18,757
February-06	2,805	618	3,423		4,383	10,194	783	15,360		7,188	10,194	1,401	18,783
March-06	2,822	600	3,422		4,392	10,296	757	15,445		7,214	10,296	1,357	18,867
April-06	2,815	569	3,384		4,358	10,286	713	15,357		7,173	10,286	1,282	18,741
May-06	2,792	528	3,320		4,331	10,326	661	15,318		7,123	10,326	1,189	18,638
June-06	2,794	512	3,306		4,327	10,376	645	15,348		7,121	10,376	1,157	18,654
July-06	2,695	416	3,111		4,363	10,335	588	15,286		7,058	10,335	1,004	18,397
August-06	2,698	418	3,116		4,287	10,278	584	15,149		6,985	10,278	1,002	18,26
September-06	2,686	419	3,105		4,284	10,311	578	15,173		6,970	10,311	997	18,278

	Detai	I of Total Subsidy P	olicies in Force as of	September 2006 Mo	onth End		
	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Total
October-05	15,362	429	479	651	1,429	491	18,841
November-05	15,395	422	480	649	1,434	488	18,868
December-05	15,424	424	475	657	1,442	485	18,907
January-06	15,306	406	459	666	1,473	447	18,757
February-06	15,360	397	456	656	1,476	438	18,783
March-06	15,445	393	451	654	1,489	435	18,867
April-06	15,357	387	439	647	1,486	425	18,741
May-06	15,318	372	425	635	1,467	421	18,638
June-06	15,348	369	426	626	1,469	416	18,654
July-06	15,286	411	411	539	1,317	433	18,397
·		413				438	•
August-06	15,149		409	530	1,326		18,265
September-06	15,173	408	407	527	1,322	441	18,278

Level 0 = Income > \$25,000

Level 1 = Income \$17,000-\$19,999

Level 2 = Income \$14,000-\$16,999

Level 3 = Income \$10,000-\$13,999

Level 4 = Income < or equal to \$9,999

Level 5 = Income \$20,000-\$24,999

Total Policies in Force by Plan, Gender and Age Group as of September 2006 Month End

Male

Number of Gender Age Group Policyholders Plan 1A Male 0-24 1A 25-29 257 Male 1A Male 30-34 163 1A Male 35-39 234 1A Male 40-44 357 45-49 477 1A Male 465 1A 50-54 Male 1A Male 55-59 427 1A Male 60-64 356 1A Male 65+ Total 3,153

			Number of
Plan	Gender	Age Group	Policyholders
1B	Male	0-24	328
1B	Male	25-29	87
1B	Male	30-34	80
1B	Male	35-39	177
1B	Male	40-44	313
1B	Male	45-49	545
1B	Male	50-54	752
1B	Male	55-59	973
1B	Male	60-64	1,400
1B	Male	65+	15
		Total	4,670

		·	Number of
Plan	Gender	Age Group	Policyholders
2	Male	0-24	1
2	Male	25-29	10
2	Male	30-34	8
2	Male	35-39	18
2	Male	40-44	50
2	Male	45-49	54
2	Male	50-54	81
2	Male	55-59	71
2	Male	60-64	50
2	Male	65+	58
		Total	401

			Number of
Plan	Gender	Age Group	Policyholders
1A	Female	0-24	362
1A	Female	25-29	233
1A	Female	30-34	204
1A	Female	35-39	214
1A	Female	40-44	290
1A	Female	45-49	408
1A	Female	50-54	516
1A	Female	55-59	697
1A	Female	60-64	877
1A	Female	65+	16
		Total	3,817

			Number of
Plan	Gender	Age Group	Policyholders
1B	Female	0-24	229
1B	Female	25-29	60
1B	Female	30-34	89
1B	Female	35-39	175
1B	Female	40-44	305
1B	Female	45-49	510
1B	Female	50-54	768
1B	Female	55-59	1,289
1B	Female	60-64	2,197
1B	Female	65+	19
		Total	5,641

			Number of
Plan	Gender	Age Group	Policyholders
2	Female	0-24	2
2	Female	25-29	2
2	Female	30-34	9
2	Female	35-39	19
2	Female	40-44	27
2	Female	45-49	75
2	Female	50-54	82
2	Female	55-59	106
2	Female	60-64	95
2	Female	65+	179
		Total	596

Total Policies in Force by Plan, Gender, Zone and Age Group as of September 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	1	Male	0-24	25
1A	1	Male	25-29	20
1A	1	Male	30-34	14
1A	1	Male	35-39	25
1A	1	Male	40-44	37
1A	1	Male	45-49	41
1A	1	Male	50-54	40
1A	1	Male	55-59	34
1A	1	Male	60-64	27
1A	1	Male	65+	0
			Total	263

Dian	Zone	Gender	Ago Croup	Number of
Pian	Zone	Gender	Age Group	
1A	2	Male	0-24	117
1A	2	Male	25-29	88
1A	2	Male	30-34	59
1A	2	Male	35-39	77
1A	2	Male	40-44	93
1A	2	Male	45-49	137
1A	2	Male	50-54	125
1A	2	Male	55-59	121
1A	2	Male	60-64	83
1A	2	Male	65+	3
			Total	903

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	3	Male	0-24	268
1A	3	Male	25-29	149
1A	3	Male	30-34	90
1A	3	Male	35-39	132
1A	3	Male	40-44	227
1A	3	Male	45-49	299
1A	3	Male	50-54	300
1A	3	Male	55-59	272
1A	3	Male	60-64	246
1A	3	Male	65+	4
			Total	1,987

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	1	Female	0-24	28
1A	1	Female	25-29	18
1A	1	Female	30-34	27
1A	1	Female	35-39	13
1A	1	Female	40-44	21
1A	1	Female	45-49	26
1A	1	Female	50-54	43
1A	1	Female	55-59	59
1A	1	Female	60-64	72
1A	1	Female	65+	3
	<u> </u>		Total	310

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	2	Female	0-24	116
1A	2	Female	25-29	85
1A	2	Female	30-34	63
1A	2	Female	35-39	81
1A	2	Female	40-44	92
1A	2	Female	45-49	130
1A	2	Female	50-54	144
1A	2	Female	55-59	179
1A	2	Female	60-64	248
1A	2	Female	65+	6
			Total	1,144

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	3	Female	0-24	218
1A	3	Female	25-29	130
1A	3	Female	30-34	114
1A	3	Female	35-39	120
1A	3	Female	40-44	177
1A	3	Female	45-49	252
1A	3	Female	50-54	329
1A	3	Female	55-59	459
1A	3	Female	60-64	557
1A	3	Female	65+	7
			Total	2,363

Total Policies in Force by Plan, Gender, Zone and Age Group as of September 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	1	Male	0-24	23
1B	1	Male	25-29	10
1B	1	Male	30-34	12
1B	1	Male	35-39	12
1B	1	Male	40-44	29
1B	1	Male	45-49	31
1B	1	Male	50-54	51
1B	1	Male	55-59	60
1B	1	Male	60-64	72
1B	1	Male	65+	0
			Total	300

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	2	Male	0-24	112
1B	2	Male	25-29	24
1B	2	Male	30-34	30
1B	2	Male	35-39	57
1B	2	Male	40-44	84
1B	2	Male	45-49	166
1B	2	Male	50-54	229
1B	2	Male	55-59	259
1B	2	Male	60-64	398
1B	2	Male	65+	7
			Total	1,366

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	3	Male	0-24	193
1B	3	Male	25-29	53
1B	3	Male	30-34	38
1B	3	Male	35-39	108
1B	3	Male	40-44	200
1B	3	Male	45-49	348
1B	3	Male	50-54	472
1B	3	Male	55-59	654
1B	3	Male	60-64	930
1B	3	Male	65+	8
			Total	3,004

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	1	Female	0-24	13
1B	1	Female	25-29	4
1B	1	Female	30-34	9
1B	1	Female	35-39	11
1B	1	Female	40-44	18
1B	1	Female	45-49	32
1B	1	Female	50-54	40
1B	1	Female	55-59	81
1B	1	Female	60-64	112
1B	1	Female	65+	0
			Total	320

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	2	Female	0-24	95
1B	2	Female	25-29	23
1B	2	Female	30-34	33
1B	2	Female	35-39	60
1B	2	Female	40-44	87
1B	2	Female	45-49	167
1B	2	Female	50-54	236
1B	2	Female	55-59	400
1B	2	Female	60-64	645
1B	2	Female	65+	5
			Total	1,751

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	3	Female	0-24	121
1B	3	Female	25-29	33
1B	3	Female	30-34	47
1B	3	Female	35-39	104
1B	3	Female	40-44	200
1B	3	Female	45-49	311
1B	3	Female	50-54	492
1B	3	Female	55-59	808
1B	3	Female	60-64	1,440
1B	3	Female	65+	14
			Total	3,570

Total Policies in Force by Plan, Gender, Zone and Age Group as of September 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	1	Male	0-24	0
2	1	Male	25-29	0
2	1	Male	30-34	0
2	1	Male	35-39	6
2	1	Male	40-44	9
2	1	Male	45-49	7
2	1	Male	50-54	12
2	1	Male	55-59	7
2	1	Male	60-64	6
2	1	Male	65+	5
	· · · · · · · · · · · · · · · · · · ·		Total	52

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	2	Male	0-24	1
2	2	Male	25-29	2
2	2	Male	30-34	5
2	2	Male	35-39	7
2	2	Male	40-44	16
2	2	Male	45-49	18
2	2	Male	50-54	25
2	2	Male	55-59	18
2	2	Male	60-64	16
2	2	Male	65+	14
			Total	122

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	3	Male	0-24	0
2	3	Male	25-29	8
2	3	Male	30-34	3
2	3	Male	35-39	5
2	3	Male	40-44	25
2	3	Male	45-49	29
2	3	Male	50-54	44
2	3	Male	55-59	46
2	3	Male	60-64	28
2	3	Male	65+	39
			Total	227

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	1	Female	0-24	1
2	1	Female	25-29	0
2	1	Female	30-34	3
2	1	Female	35-39	1
2	1	Female	40-44	2
2	1	Female	45-49	9
2	1	Female	50-54	11
2	1	Female	55-59	9
2	1	Female	60-64	7
2	1	Female	65+	16
			Total	59

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	2	Female	0-24	1
2	2	Female	25-29	1
2	2	Female	30-34	3
2	2	Female	35-39	8
2	2	Female	40-44	7
2	2	Female	45-49	27
2	2	Female	50-54	24
2	2	Female	55-59	40
2	2	Female	60-64	32
2	2	Female	65+	54
			Total	197

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	3	Female	0-24	0
2	3	Female	25-29	1
2	3	Female	30-34	3
2	3	Female	35-39	10
2	3	Female	40-44	18
2	3	Female	45-49	39
2	3	Female	50-54	47
2	3	Female	55-59	57
2	3	Female	60-64	56
2	3	Female	65+	109
			Total	340

Total Subsidy/Non-Subsidy as of September 2006 Month End

Plan		Number of Policyholders
1A	Non-subsidized	4,284
1A	Subsidized	2,686
1B	Non-subsidized	10,311
2	Non-subsidized	578
2	Subsidized	419
Total		18,278

Total Subsidy by Level

Subsidy Level	Number of Policyholders
Level 0	15,173
Level 1	408
Level 2	407
Level 3	527
Level 4	1,322
Level 5	441
Total	18,278

	Number of
	Policyholders
Plan 1A, Zone 1, Non-Subsidized	313
Plan 1A, Zone 1, Subsidized	260
Plan 1A, Zone 2, Non-Subsidized	1,263
Plan 1A, Zone 2, Subsidized	784
Plan 1A, Zone 3, Non-Subsidized	2,708
Plan 1A, Zone 3, Subsidized	1,642
Plan 1B, Zone 1, Non-Subsidized	620
Plan 1B, Zone 2, Non-Subsidized	3,117
Plan 1B, Zone 3, Non-Subsidized	6,574
Plan 2, Zone 1, Non-Subsidized	57
Plan 2, Zone 1, Subsidized	54
Plan 2, Zone 2, Non-Subsidized	184
Plan 2, Zone 2, Subsidized	135
Plan 2, Zone 3, Non-Subsidized	337
Plan 2, Zone 3, Subsidized	230
Total	18,278

Wisconsin Health Insurance Risk Sharing Plan

Monthly Service Report For: September, 2006

~ .		/TD T.		
Customer	Service	Polici	vhalder	Services
Custonici	Del Vice	I UIIU	viiviuci	Delvices

Week	Calls	Calls	#	%	Average Wait	Longest	Average	Service
Ending	Offered	Handled	Abandoned	Abandoned	(ASA)*	Wait	Talk	Level**
9/1/2006	2,358	2,330	28	1.20%	00:00:16	00:04:54	00:03:56	97.50%
9/8/2006	1,873	1,850	23	1.20%	00:00:18	00:02:50	00:03:52	97.70%
9/15/2006	2,291	2,273	18	0.80%	00:00:22	00:06:09	00:04:04	97.60%
9/22/2006	2,303	2,293	10	0.40%	00:00:17	00:03:01	00:04:00	98.70%
9/29/2006	2,749	2,717	32	1.20%	00:00:21	00:03:46	00:03:49	96.90%
Historical St	ats***							
10-2005	11,118	10,962	156	1 .4 %	00:00:26	00:09:09	00:04:03	94.00%
11-2005	10,695	10,530	165	1 .5 %	00:00:24	00:05:39	00:03:53	95.00%
12-2005	10,808	10,697	111	1 .0 %	00:00:25	00:05:52	00:03:55	96.00%
01-2006	11,802	11,654	148	1 .3 %	00:00:23	00:06:36	00:03:46	96.00%
02-2006	10,166	10,066	100	1 .0 %	00:00:22	00:08:09	00:03:48	96.00%
03-2006	13,146	13,013	133	1 .0 %	00:00:24	00:05:42	00:04:10	96.00%
04-2006	12,220	12,083	137	1 .1 %	00:00:25	00:05:29	00:04:07	95.00%
05-2006	12,264	12,083	181	1.5 %	00:00:25	00:06:56	00:04:14	94.00%
06-2006	10,623	10,490	133	1.3 %	00:00:29	00:08:15	00:04:07	95.00%
07-2006	9,559	9,456	103	1.1 %	00:00:25	00:05:45	00:03:55	96.00%
08-2006	10,067	9,977	90	0.9 %	00:00:18	00:03:47	00:04:06	98.00%
09-2006	9,572	9,482	90	0.9 %	00:00:20	00:06:09	00:03:56	98.00%
Medical Affa	irs Teleph	one Resul	ts					
9/1/2006	128	125	3	3.00%	00:00:34	00:03:26	00:03:34	90.00%
9/8/2006	106	102	4	3.80%	00:00:33	00:04:02	00:03:11	90.40%
9/15/2006	144	141	3	2.10%	00:00:17	00:03:04	00:03:21	96.50%
9/22/2006	162	157	5	3.10%	00:00:21	00:02:19	00:02:53	95.70%
9/29/2006	176	173	3	1.70%	00:00:22	00:03:21	00:03:09	94.30%
PBM Telepi	hone Resu	lts						
9/1/2006	158	158	0	0.00%	00:00:00	00:00:00	00:04:27	100.00%
9/8/2006	122	122	0	0.00%	00:00:00	00:00:43	00:04:08	99.20%
9/15/2006	155	155	0	0.00%	00:00:00	00:00:03	00:02:47	96.80%
9/22/2006	157	157	0	0.00%	00:00:01	00:01:02	00:03:45	98.70%
9/29/2006	152	152	0	0.00%	00:00:01	00:00:53	00:03:59	96.70%

All Time Formats are hh:mm:ss Historical Stats prior to April 1, 2005 have all been converted to the new format.

Most Commonly Asked Questions to Customer Service/ Policyholder Services

What is the status of my application?

What is my premium?

What is the status of my claim?

Open Written Correspondence

•	Beginning Inventory	Received	Completed	1 to 2 Days	3 to 5 Days	6+ Days	Ending Inventory
CUSTOMER SERVICE	11	95	98	1	1	6	8
MEDICAL AFFAIRS	0	0	0	0	0	0	0
POLICYHOLDER SERVICE	S* 10	146	143	13	0	0	13
***		and the second second	4 1				

^{*} Supplemental application documentation is no longer counted as

First Call Resolution

Number of Calls Handled First Call Resolved Percent of Calls 7,845 7,689 98.01%

Telephone and Written Closure

Number of Days	Number of Inquires	Number Closed	Percentage
5	1743	1719	98.62%
2	1743	1685	96.67%

^{*} ASA = Average Speed of Answer

^{**} Service Level = Calls handled within 120 seconds divided by the number of calls offered.

^{***} Monthly totals are based on actual month end which is the last day of the month.

CLAIMS THAT HAVE FINALIZED TO PAYMENT OR DENIAL AS OF September 2006 MONTH END (9/25/2006)

						DENIAL AS							
	Sep 2005	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sep 2006
	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims
Plan 1A													
Pharmacy	28,184	27,435	29,461	30,034	28,032			24,944	27,890	28,648	26,248		26,573
Inpatient Hospital	210		235	173	278	178		188	228	172	170		192
Inpatient Hospital Crossovers	2	3	1	1	8	4	5	6	6	4	3		9
Outpatient Hospital	2,221	2,212	2,321	2,003	2,676		2,083	1,876	2,121	1,867	1,846		1,741
Outpatient Hospital Crossovers	8	16	15	32	22		27	16	22	25	24		73
Physician	12,807	11,605	13,465	11,515	13,551	10,140		10,132	11,868	10,367	9,352		9,568
Physician Crossovers	80		80	60	103	49		174	134	223	105		249
Nursing Home	22	22	15	7	5			5	14	18	6		3
Nursing Home Crossovers	0	_	0	0	Ţ			1	2	2	1	2	3
Miscellaneous	2,450	1,944	2,193	1,879	2,689			1,802	2,122	1,856	1,657	2,387	1,604
Miscellaneous Crossovers	49	6	26	15		_	_	2	19	18	23		31
Total Plan 1A	46,033	43,505	47,812	45,719	47,374	39,002	47,540	39,146	44,426	43,200	39,435	47,375	40,046
Plan 1B													
Pharmacy	25,090		26,359	26,799	27,321	24,639		26,070	28,816		27,501		28,001
Inpatient Hospital	183	158	166	140	198	127	172	112	181	141	178	221	171
Inpatient Hospital Crossovers	2	2	3	0	2	0	1	0	1	2	4	3	7
Outpatient Hospital	1,750	1,750	1,831	1,674	2,207	1,665	1,768	1,651	1,971	1,669	1,662	2,118	1,565
Outpatient Hospital Crossovers	14	7	5	13	8	7	12	9	25	21	14	42	28
Physician	10,861	9,916	11,838	10,735	11,931	8,911	11,441	9,835	11,910	10,231	9,754	12,208	9,955
Physician Crossovers	43	25	56	43	33	17	10	12	75	59	69	148	80
Nursing Home	12	11	9	5	8	8	3	7	5	6	3	10	8
Nursing Home Crossovers	0	0	0	0	0	0	0	0	0	0	О	0	0
Miscellaneous	1,407	1,047	1,263	1,271	1,665	1,331	1,472	1,120	1,477	1,173	1,341		1,219
Miscellaneous Crossovers	. 8	15	8	, 2	4	0	, 2	0	10	11	22		14
Total Plan 1B	39.370	37.301	41.538	40.682	43.377	36,705	46.259	38.816	44.471	43,889	40.548	47.724	41.048
Plan 2				· · · · · ·	· · · · · ·		· · · · · ·						
Pharmacy	14,046	13,246	13,909	14,479	12,672	10,614	13,964	10,597	10,395	10,618	8,055	8,208	7,274
Inpatient Hospital	. 8		6	13				45	27	26	24		22
Inpatient Hospital Crossovers	81	68	79	57	75		109	88	100	57	71		65
Outpatient Hospital	154	78	73	84	115		279	63	63	59	54		61
Outpatient Hospital Crossovers	1,243	928	971	959	1,001	1,132	1,332	1,062	1,217	940	884	1	904
Physician	351	266	258	247	369	202	301	191	209	165	194	,	119
Physician Crossovers	5,193	5,074	5,676	4,307	5,282	4,283	4,859	4,066	4,900	3,768	3,701	4,194	2,595
Nursing Home	4		7	7	2	2	5	3	9		14		2,000
Nursing Home Crossovers	14	_	33	23		26		26	38	23	17		10
Miscellaneous	302	271	247	248			215	178	214	156	166		144
Miscellaneous Crossovers	1,675	1,532	1,631	1,260	1,434		1,285	1,059	1,228	968	945		806
Total Plan 2	23,071	21,484	22,890	21,684	21,317	17,595	22,450	17,378	18,400	16,800	14,125		12,004
Total	20,071	21,101	22,000	21,001	21,017	17,000	22, 100	17,070	10, 100	10,000	1 1, 120	10,000	12,001
Pharmacy	67,320	65,051	69,729	71,312	68,025	59,939	75,882	61,611	67,101	69,842	61,804	68,828	61,848
Inpatient Hospital	401	342	407	326	486		456	345	436	339	372		385
Inpatient Hospital Crossovers	85	73	83	58				94	107	63	78		81
Outpatient Hospital	4,125		4,225	3,761	4,998	3,706	4,130	3,590	4,155	3,595	3,562		3,367
Outpatient Hospital Crossovers	1,265	951	991	1,004	1,031	1,147	1,371	1,087	1,264	986	922	1,286	1,005
Physician	24,019	21,787	25,561	22,497	25,851	19,253	23,905	20,158	23,987	20,763	19,300		19,642
,	5,316	5.179	25,561 5.812	4,410	5,418		5,032	4,252	5.109	4.050	3,875		2,924
Physician Crossovers		-, -	- , -						-,	,	,		,
Nursing Home	38 14	35 17	31 33	19				15 27	28 40	44	23 18		14 13
Nursing Home Crossovers				23			38			25		1	
Miscellaneous	4,159	3,262	3,703	3,398	4,688	3,474	3,993	3,100	3,813	3,185	3,164		2,967
Miscellaneous Crossovers	1,732	1,553	1,665	1,277	1,448		1,310	1,061	1,257	997	990		851
Total	108,474	102,290	112,240	108,085	112,068	93,302	116,249	95,340	107,297	103,889	94,108	110,749	93,098

AVERAGE CLAIMS PROCESSING DAYS AS OF September 2006 MONTH END (9/25/2006)

	Sep 2005	Oct 2005	Nov 2005	Dec 2005	Jan 2006		Mar 2006	•		Jun 2006	Jul 2006	Aug 2006	Sep 2006
		# of Claims		# of Claims					•				
Plan 1A													
Inpatient Hospital	18.77	7.28	13.04	17.61	7.39	14.06	8.50	7.88	8.11	9.72	18.04	12.27	12.52
Inpatient Hospital Crossovers	0.00	25.00	7.00	6.00	32.40	9.00	8.00	8.16	9.00	13.50	14.50	10.00	8.87
Outpatient Hospital	3.31	2.53	2.40	2.91	3.76	3.56	3.08	2.45	2.92	3.54	4.00	3.43	3.04
Outpatient Hospital Crossovers	11.28	6.18	6.13	7.21	7.88	7.50	6.74	6.66	4.35	6.04	6.45	3.88	5.22
Professional	4.54	3.35	3.12	3.77	4.24	4.50	3.89	3.55	3.59	4.01	4.47	3.70	3.72
Professional Crossovers	8.15	7.22	5.17	7.22	7.31	6.09	4.53	5.91	4.99	4.36	6.05	5.15	3.97
Nursing Home	15.80	9.00	15.72	10.00	2.00	11.37	9.33	9.66	6.53	7.93	10.40	9.14	0.00
Nursing Home Crossovers	0.00	0.00	0.00	0.00	0.00	0.00	12.00	10.00	6.50	9.00	11.00	14.00	8.33
Miscellaneous	8.12	5.69	5.17	6.17	7.26	7.82	6.61	6.23	5.97	7.39	8.22	6.47	6.46
Miscellaneous Crossovers	8.07	8.80	9.23	10.40	8.70	10.80	6.10	5.50	4.80	5.77	7.40	6.57	5.92
Average for the Month for Plan 1A	4.92	3.53	3.31	3.98	4.60	4.73	4.17	3.76	3.82	4.35	4.93	4.04	3.96
Plan 1B													
Inpatient Hospital	21.26	9.97	9.08	18.44	13.68	8.07	6.67	9.00	8.65	12.47	9.84	10.11	8.60
Inpatient Hospital Crossovers	14.00	11.00	5.50	0.00	4.00	0.00	0.00	0.00	11.00	14.50	8.66	10.66	9.40
Outpatient Hospital	3.16	2.45	2.25	2.76	3.59	3.53	2.80	2.32	2.70	3.27	3.79	3.33	2.97
Outpatient Hospital Crossovers	10.14	6.66	4.80	9.70	5.50	8.33	6.88	4.00	5.23	6.35	8.83	6.83	5.31
Professional	4.32	3.09	2.99	3.58	4.02	4.22	3.45	3.23	3.38	3.74	4.19	3.47	3.63
Professional Crossovers	9.30	6.39	6.93	5.50	6.75	6.50	6.10	5.27	3.56	3.98	6.18	4.81	3.84
Nursing Home	12.20	7.00	7.50	4.00	10.62	9.00	12.66	14.20	7.00	8.80	13.00	12.33	8.75
Nursing Home Crossovers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous	7.84	5.28	5.01	6.05	7.29	7.63	6.15	6.23	5.91	7.81	8.66	6.71	6.12
Miscellaneous Crossovers	9.80	5.16	3.62	1.00	7.25	0.00	9.00	0.00	7.50	5.18	9.57	6.65	6.50
Average for the Month for Plan 1B	4.59	3.21	3.06	3.74	4.29	4.41	3.62	3.36	3.54	4.03	4.61	3.80	3.79
Plan 2					L	L		<u>.</u>					
Inpatient Hospital	13.33	0.00	0.00	10.00	10.25	7.54	7.40	5.30	7.25	10.35	16.38	9.80	10.50
Inpatient Hospital Crossovers	10.25	8.04	6.50	14.50	9.28	14.10	8.03	7.64	8.39	10.50	11.62	8.75	9.45
Outpatient Hospital	7.58	7.00	8.60	7.03	6.30	8.42	4.39	7.27	7.40	7.24	9.52	8.36	6.63
Outpatient Hospital Crossovers	9.21	5.44	5.54	8.27	7.52	5.51	4.43	3.84	4.66	4.60	5.94	4.97	5.07
Professional	8.24	5.72	5.50	6.87	7.00	7.33	5.06	7.10	6.80	8.89	9.42	7.14	6.88
Professional Crossovers	6.05	3.87	3.47	4.41	5.42	4.16	3.74	3.47	3.47	4.13	5.22	4.21	3.49
Nursing Home	16.66	14.00	5.25	8.25	7.50	7.00	7.80	10.00	8.00	9.63	8.00	9.00	6.00
Nursing Home Crossovers	11.60	7.50	6.12	9.14	9.56	12.00	8.75	7.00	8.63	10.90	10.00	9.20	7.80
Miscellaneous	9.75	6.54	6.19	8.37	7.49	8.62	8.73	8.47	9.73	10.00	10.30	7.82	9.26
Miscellaneous Crossovers	7.70	6.02	4.90	6.52	7.97	7.63	5.61	4.89	5.67	6.67	9.17	6.73	5.47
Average for the Month for Plan 2	7.01	4.61	4.11	5.58	6.27	5.16	4.33	3.95	4.26	4.89	6.24	4.98	4.43
Total							•						
Inpatient Hospital	19.66	8.81	11.62	17.53	9.92	10.59	7.83	7.78	8.23	10.63	14.20	11.21	10.13
Inpatient Hospital Crossovers	10.34	8.60	6.48	14.36	10.81	14.02	8.03	7.69	8.46	10.76	11.57	8.94	9.37
Outpatient Hospital	3.28	2.54	2.38	2.91	3.71	3.64	3.01	2.43	2.84	3.44	3.93	3.40	3.02
Outpatient Hospital Crossovers	9.23	5.46	5.55	8.25	7.52	5.54	4.49	3.88	4.67	4.67	5.99	5.00	5.09
Professional	4.48	3.25	3.08	3.70	4.16	4.39	3.69	3.41	3.50	3.90	4.36	3.60	3.69
Professional Crossovers	6.10	3.92	3.51	4.44	5.45	4.19	3.77	3.58	3.51	4.14	5.26	4.29	3.54
Nursing Home	14.94	8.81	12.29	7.22	9.27	10.15	9.50	12.00	6.85	8.87	10.75	10.00	7.57
Nursing Home Crossovers	11.60	7.50	6.12	9.14	9.56	12.00	8.86	7.12	8.50	10.73	10.08	9.43	8.00
Miscellaneous	8.10	5.59	5.16	6.19	7.28	7.76	6.48	6.28	6.08	7.62	8.47	6.62	6.41
Miscellaneous Crossovers	7.72	6.02	4.95	6.57	7.97	7.67	5.62	4.89	5.67	6.63	9.14	6.72	5.50
Average for the Month	5.27	3.67	3.40	4.21	4.81	4.71	4.00	3.64	3.80	4.32	5.05	4.10	3.96

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN HIRSP CLAIMS INVENTORY AS OF September 2006 MONTH END (9/25/2006)

Pended Claims Data	Sep 2005	Oct 2005	Nov 2005	Dec 2005	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sep 2006
Pended Claims Data	# of Claims			# of Claims				# of Claims					
Brianta Entry	# Of Claims	# 01 Claims	# Of Claims	# 01 Claims	# Of Claims	# Of Claims	# Of Claims	# Of Claims	# Of Claims				
Prior to Entry Total	271	339	289	200	281	298	544	226	228	190	301	239	205
	2/1	339	209	200	201	290	544	220	220	190	301	238	200
Pre-System Suspend	470	624	920	568	690	770	699	573	573	442	366	320	456
Plan 1A	470												
Plan 1B	391	475	754	593	678	625	649	604	475	410	322	353	
Plan 2	305	287	631	209	409	320	288	221	182	134	97		
Total	1,166	1,386	2,305	1,370	1,777	1,715	1,636	1,398	1,230	986	785		
Total Over 30 Days Old	0	1	0	9	35	52	44	8	0	3	1	C	
System Pended													
Plan 1A		=-		===1									
Inpatient Hospital	63	53	60	79	49	50	66		52	48			
Inpatient Hospital Crossovers	1	1	0	3	5	2	0	0	1	1	2	. 2	
Outpatient Hospital	151	95	94	95	52	130	40	118		157	138		
Outpatient Hospital Crossovers	3	0	0	0	53	2	1	0		1	1	10	
Professional	1,262	804	631	815	638	876	525	700	616		602		
Professional Crossovers	10	5	5	1	4	2	5			10	4		
Nursing Home	6	2	4	0	4	1	2			1	0	_	
Nursing Home Crossovers	0	0	0	0	0	0	0				0		
Miscellaneous	234	150	199	269	166	304	180	239	192	256	181		
Miscellaneous Crossovers	0	3	1	2	1	4	0	0	-	2	11		-
Total Plan 1A	1,730	1,113	994	1,264	972	1,371	819	1,133		1,401	996		
Total Over 30 Days Old	457	269	154	100	113	131	115	78	83	60	51	53	42
Plan 1B													
Inpatient Hospital	59	40	43	55	35	36	29	55	50	59	62	49	28
Inpatient Hospital Crossovers	0	0	0	0	5	1	0	0	0	1	0	C	0
Outpatient Hospital	152	77	90	85	62	103	49	130	87	143	107	71	106
Outpatient Hospital Crossovers	2	0	0	0	42	1	0	2	6	2	8	2	2
Professional	992	685	592	692	599	748	490	798	607	942	771	445	575
Professional Crossovers	13	6	0	5	3	1	1	4			2	. 2	
Nursing Home	5	2	0	0	2	1	1	0	0	1	3	1	
Nursing Home Crossovers	0	0	0	0	0	0	0) (
Miscellaneous	107	106	141	170	161	165	97	172		268	222		
Miscellaneous Crossovers	4	0	0	0	0	1	0	0		3	0		
Total Plan 1B	1,334	916	866	1,007	909	1,057	667	1,161	904	1,422	1,175		888
Total Over 30 Days Old	395	234	153	95	92	113	78	117	126	81	130		
Plan 2	000	20.	.00		02			• • • • • • • • • • • • • • • • • • • •		<u> </u>		1 00	1
Inpatient Hospital	2	0	0	0	5	13	3	7	3	20	7	1 4	
Inpatient Hospital Crossovers	5	1	5	9	10	14	5						
Outpatient Hospital	8	9		0	14	66	4						
Outpatient Hospital Crossovers	46	27	56	44	122	77	39	135			67		
Professional	16	15	56	15	8	17	62	25			66		
Professional Crossovers	315	285	157	430	290	253	94	293	239	365	227		
Nursing Home	0	265	0	430	290	253	94				227		
Nursing Home Crossovers	4	7	3	3	5	5	5				3		
	13	12	25	24	12	8	9				107		
Miscellaneous	13	104	137	169	12 85	140	48		115	212	73		
Miscellaneous Crossovers	528	104 460	389	169 694	551	140 597	269		523		73 571		
Total Plan 2								693		933			
Total Over 30 Days Old	43	98	6	12	403	18	9	20	13	146	11	5	6
Total	404		400	404	00	001	00	400	405	107		1 00	
Inpatient Hospital	124	93	103	134	89	99	98		105		126		
Inpatient Hospital Crossovers	6	2	5	12	20	17	5				14		
Outpatient Hospital	311	181	185	180	128	299	93	251	216	308	254		
Outpatient Hospital Crossovers	51	27	56	44	217	80	40	137	67	93	76		
Professional	2,270	1,504	1,228	1,522	1,245	1,641	1,077	1,523	1,271	1,978	1,439		
Professional Crossovers	338	296	162	436	297	256	100	312		378	233	121	141
Nursing Home	11	4	4	0	6	6	3			3	3		
Nursing Home Crossovers	4	7	3	3	5	5	5			3	3	5	
Miscellaneous	354	268	365	463	339	477	286	436	381	621	510		
Miscellaneous Crossovers	123	107	138	171	86	145	48	181	120	217	84	72	
Total	3,592	2,489	2,249	2,965	2,432	3,025	1,755	2,987	2,432	3,756	2,742	1,628	2,294
Total Over 30 Days Old	895	602	313	216	252	314	246	223	222	290	193	156	116
Grand Total	5,029	4,214	4,843	4,535	4,490	5,038	3,935	4,611	3,890	4,932	3,828		

MEDICAL CLAIMS DENIED REPORT*
AS OF September 2006 MONTH END (9/25/2006)

Processed	Plar	1 1A	Plai	n 1B	Plai	Plan 2		All Plans		Denial
Month	Paid	Denied	Paid	Denied	Paid	Denied	Paid	Denied	Total	Rate
September 2005	15,492	3,082	12,347	2,516	6,780	2,389	34,619	7,987	42,606	18.7%
October 2005	13,794	2,865	11,291	2,233	6,187	2,140	31,272	7,238	38,510	18.8%
November 2005	15,724	3,410	13,322	2,554	6,785	2,282	35,831	8,246	44,077	18.7%
December 2005	13,668	2,631	12,146	2,377	5,176	2,067	30,990	7,075	38,065	18.6%
January 2006	16,922	3,238	14,239	2,488	6,228	2,457	37,389	8,183	45,572	18.0%
February 2006	12,327	2,648	10,368	2,096	5,079	1,935	27,774	6,679	34,453	19.4%
March 2006	14,675	3,095	13,109	2,388	5,881	2,682	33,665	8,165	41,830	19.5%
April 2006	12,330	2,491	11,143	2,050	4,824	2,045	28,297	6,586	34,883	18.9%
May 2006	14,384	2,834	13,545	2,713	5,841	2,278	33,770	7,825	41,595	18.8%
June 2006	12,628	2,509	11,827	2,002	4,560	1,736	29,015	6,247	35,262	17.7%
July 2006	11,619	2,167	11,368	2,261	4,470	1,692	27,457	6,120	33,577	18.2%
August 2006	16,015	3,084	14,414	2,640	5,379	2,214	35,808	7,938	43,746	18.1%
September 2006	11,775	2,163	11,430	2,096	3,577	1,244	26,782	5,503	32,285	17.0%

^{*} Claims denied by the PBM are not included. See page 21 for claims denied by the PBM.

A claim may have some paid lines and some denied lines. Therefore, a claim that has both paid and rejected lines has been counted as a paid claim and as a denied claim. This results in more total claims being reported in this report than in the report titled Claims That Have Finalized to Payment or Denial Report.

MONTH END DENIAL REASON DETAIL

Denial		
Reason	Volume	Top 10 Reasons for Denial
18/DU	1436	DUPLICATE CLAIM/SERVICE.
27/28	514	EXPENSE(S) INCURRED OUTSIDE COVERAGE PERIOD ARE NOT COVERED.
23	505	CLAIM DENIED/REDUCED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER AS PART OF COORDINATION OF BENEFITS.
49	497	NONCOVERED SERVICES BECAUSE THIS A ROUTINE EXAMOR SCREENING PROCEDURE DONE IN CONJUNCTION OF A ROUTINE EXAM.
51	446	THIS IS A PREEXISTING CONDITION. MEDICAL RECORDS OBTAINED FROM YOUR PROVIDER HAVE IDENTIFIED A PRE-EXISTING CONDITION.
HW	344	SERVICES PERFORMED BY A PROVIDER WHO IS NOT MEDICAID CERTIFIED ARE NOT COVERED
XZ	210	WE WILL BE ABLE TO COMPLETE PROCESSING OF THIS CLAIM WHEN WE RECEIVE THE MEDICAL RECORDS WE REQUESTED.
EM	176	WE NEED THE MEDICARE EXPLANATION OF BENEFITS TO PROCESS THIS CHARGE.
IS	138	THIS PROCEDURE IS INCIDENTAL TO AND CONSIDERED PART OF THE PRIMARY PROCEDURE.
79	131	WE WERE UNABLE TO PROCESS YOUR CLAIM BECAUSE WE DIDN'T RECEIVE A REPLY TO OUR QUESTIONNAIRE REGARDING THE POSSIBILITY OF 3RD
		PARTY LIABILITY OR WORKER'S COMP.

PHARMACY CLAIMS DENIED REPORT

As of September 2006 Month End(09/30/2006)*

Processed		% of
Month	Denied	Total
September 2005	15,659	
October 2005	15,723	
November 2005	15,980	
December 2005	16,712	
January 2006	16,925	
February 2006	14,413	
March 2006	15,980	
April 2006	15,351	
May 2006	16,498	19.18%
June 2006	19,041	22.45%
July 2006	20,146	24.09%
August 2006	18,738	21.60%
September 2006	17,091	20.93%

END OF MONTH SEPTEMBER 2006 DENIAL REASON DETAIL

Top 10 Reasons for Denial	Volume
DUR Reject Error	5,562
Product/Service Not Covered	2,817
Plan Limitations Exceeded	1,987
Submit Bill to Other Processor or Primary Payer	1,125
Refill Too Soon	1,035
Filled After Coverage Terminated	629
Missing/Invalid Dispense as Written Code (DAW)	536
Missing/Invalid Other Payer ID Qualifier	481
Duplicate Paid/Captured Claim	430
Missing/Invalid Other Payer Amount Paid	397

^{*} Each prescription processed and denied is counted as one claim

Note the different end of month date from previous reports in this packet. This is due to these figures being taken from a production PBM report rather than from the current HIRSP plan administrator's reporting files.

Claims Accuracy Performance September 2006

Medical

		Total of	Total Claim		
	Total Number	Claims	Payments	Total Correct	Accuracy
Month	of Claims	Payments	Reviewed	Payment	Rate
October-2005	38,172	\$7,999,534.00	\$69,663.84	\$73,140.50	99%
November-2005	37,290	\$7,067,849.37	\$41,414.03	\$41,679.24	99.8%
December-2005	37,741	\$7,736,381.08	\$41,647.93	\$44,948.25	98.1%
January-2006	36,247	\$7,626,348.00	\$642,842.57	\$645,818.53	99.9%
February-2006	29,812	\$5,296,986.00	\$629,808.63	\$646,068.11	99.9%
March-2006	38,217	\$7,347,340.42	\$720,162.45	\$725,505.45	99.6%
April-2006	33,465	\$6,743,749.18	\$777,996.39	\$791,310.61	97.5%
May-2006	36,030	\$7,277,291.00	\$488,868.70	\$489,104.56	97.7%
June-2006	33,569	\$6,484,070.00	\$775,778.19	\$787,976.67	99.5%
July-2006	32,894	\$5,955,281.63	\$475,388.34	\$475,242.60	99.9%
August-2006	38,978	\$9,962,673.86	\$1,060,491.45	\$1,055,213.66	98.5%
September-2006	30,159	\$6,768,185.40	\$1,092,448.45	\$1,091,621.37	99.9%
Quarterly Total	102,031	\$22,686,140.89	\$2,628,328.24	\$2,622,077.63	99.4%

^{*} This report is prepared on a processed date basis using all dates in a calendar month versus other reports that are prepared on a schedule that uses the standard end of month processing dates. Therefore, claims data in this report will not agree with claims data on other reports.

Wisconsin Health Insurance Risk Sharing Plan

Appeals and Grievance

September 2006

Claim Appeals

Total Claim Appeals Received	35
Drug & Drug Formulary	4
Enrollment/Eligibility Requirements	8
Not Covered Benefit	8
Not Medically Necessary	9
Plan Administration	6
Total Claims Reinstatements Closed	36
Claim Appeals Average Number of Days	6.242

Grievances

Grievance Committee

Committee	
Enrollment/Eligibility Requirements	1
Experimental Treatment	2
Not Covered Benefit	4
Not Medically Necessary	2
Plan Administration	5